



**TOWN OF RIDGEFIELD**  
Office of the First Selectman

Testimony 2/16/2016

Public Health Committee

GOVERNOR'S BILL 5053

Senator Gerratana

Senator Crisco

Representative Ritter

Representative Riley

My name is Rudy Marconi, First Selectman of Ridgefield.

Thank you for the time to testify this morning/afternoon.

I am here today to testify in favor of Governor's Bill 5053, "an act increasing access to overdose reversal drugs". I am here representing CCM (now 159 communities strong) . Specifically this Bill will (effective January 1, 2017) mandate that each municipality equip all first responders in their municipality with Naloxone (Narcan).

Although not normally a supporter of mandates, when it comes to protecting the health safety and welfare of our residents, this

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type of mandate takes on a different perspective. In this case naloxone, when administered timely, can in fact reverse the deadly overdose created by the misuse of opiate prescriptions and heroin. (Two issues that have reached epidemic levels here in our State.)

In the most recent data collected (2014), the number of deaths caused by the misuse of pharmaceutical opiates (337) and heroin (257) collectively exceeded the number of deaths from motor vehicle fatalities on our highways. Yet we appropriate billions for our highways and little if anything to battle this extremely dangerous epidemic.

A friend, Dr. Peter Rostenberg, who treats opiate addicted patients, with a medication assisted treatment (MAT) stated, "when an alcoholic relapses they get drunk, when an opiate addicted person relapses they die!" From 2009 -2014 we have lost close to 3,000 people to this addiction, many of whom had barely a chance to live their life. These deaths occurred in 152 of the 169 municipalities in our State. 82% of these overdoses occurred in a residence, hence the need for Bill 5053 requiring first responders to be prepared.

But the problem is bigger than Narcan. It reaches deep into our communities across our great State and our efforts must be

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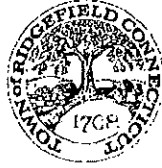
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accelerated. In November 2015 Johns Hopkins Bloomberg School of Public Health presented a study on "The Prescription Opioid Epidemic: An Evidence Based Approach". I have attached a copy of the reports, "Recommendations for Action", for your review.

1. Prescribing Guidelines
2. Prescription Monitoring Programs
3. Pharmacy Benefit Managers
4. Engineering Strategies (packaging)
5. Overdose Education and Naloxone Distribution Programs
6. Addiction Treatment (MAT) (greater use of Buprenorphine)
7. Community-Based Prevention Strategies

However there are still two more areas of need:

- A. The proper funding of our State Police Narcotics Task Force. Last year the State swept the forfeiture account of approximately \$400,000. This type of revenue could have easily been used to properly help fund the Task Force account.
- B. The establishment of the Connecticut Director of Drug Policy. We must have a single agency/department charged with the singular purpose of addressing the opiate/heroin epidemic here in Connecticut. Until this proper focus can be aimed at this very serious and deadly issue we will continue to see an unchecked escalation of the number of deaths in our State.



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The Public Health Committee is in the perfect place to effectuate desperately needed change. You are the ones charged with this responsibility -

## Public Health Committee

The Public Health Committee is one of the joint standing committees of the Connecticut General Assembly. It has cognizance of all programs and matters relating to the Department of Public Health; the Department of Mental Health and Addiction Services and the Department of Developmental Services; the Office of Health Care Access; and all other matters relating to health, including emergency medical services, all licensing boards within the Department of Public Health, nursing homes, pure food and drugs, and controlled substances, including the treatment of substance abuse.

On behalf of all Connecticut residents I ask you to take action. This beautiful building where we sit today is certainly no stranger to debate, but on this issue I ask that you please:

**DO NOT DEBATE**

**DO NOT STUDY**

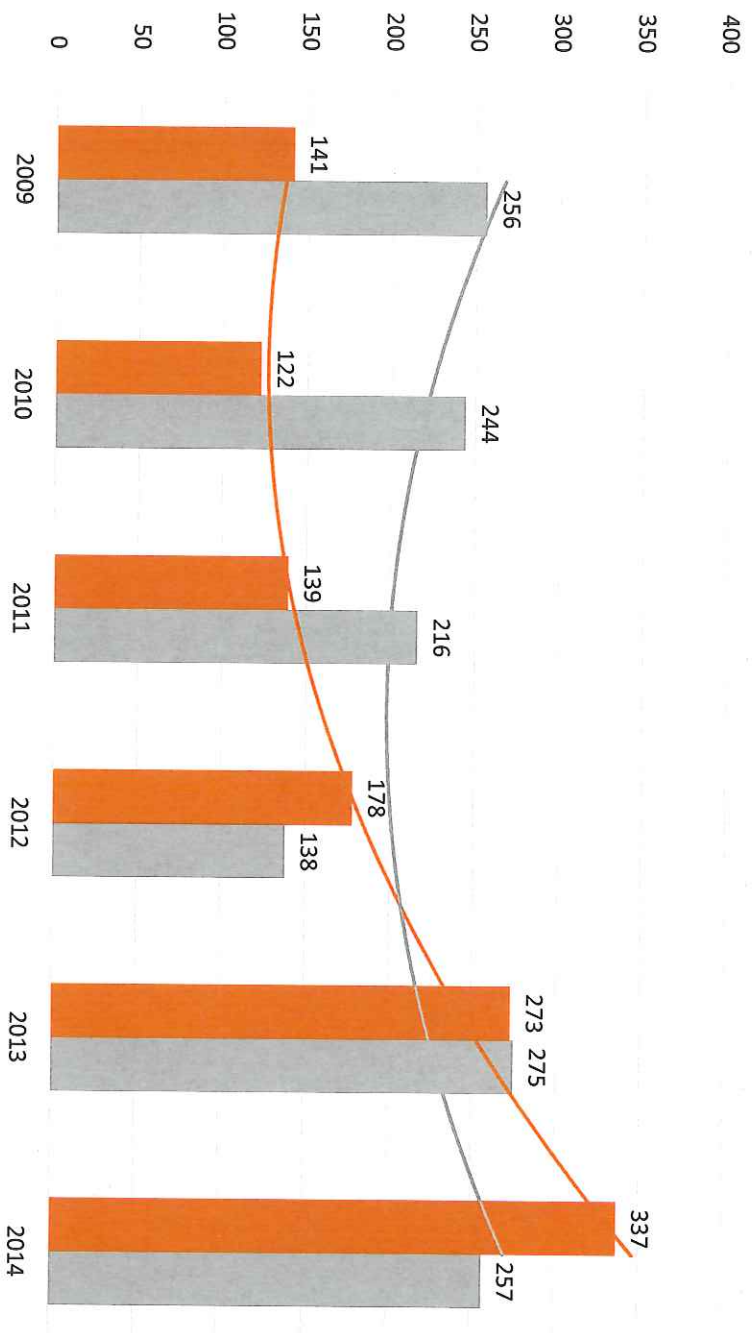
**PLEASE ACT!!**

Thank you

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## Heroin/Morphine Deaths (grey) vs. Pharmaceutical Opioid Deaths (gold)



- Between 2009 –2014, there were nearly 2,000 accidental and unintentional opioid involved deaths that occurred in 152 of Connecticut's 169 cities and towns.
- The demographic breakdown is: 70% male, 84% white, mean age of 40 years, 70% pharmaceutical opioid involved, increase in heroin between 2012- 2014.
- 82% of those overdoses occurred in a residence.
- Heroin/Morphine-Involved = 59.9%
- Pharmaceutical Opioid-Involved = 69.9%

## Opioid-Involved Deaths by Year

<b>Year</b>	<b># of Towns Affected</b>	<b>Total Deaths</b>
2009	88	260
2010	86	251
2011	88	248
2012	93	305
2013	107	419
2014	117	485

Over the past six years, all but 17 of the 169 towns in Connecticut experienced at least one fatal opioid overdose.

# Opioid Related Deaths per 100 K 2009 -2014

source: CT Medical Examiners Office

